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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number

HAM 002

First Named Inventor

DIMITROFF, THEODORE ROY

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND DUAL REAMER APPARATUS FOR FORMIN BORED HOLE

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
GB 20020012379	GB	28 MAY 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCT/EP03/05299	EPO	20 MAY 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTE-9199 and select option 2.

PTC00001 (11-01)
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U.S. Patent and Trademark Office, U.S. Department of Commerce

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	
Applicant Name	THEODORE ROY
Patent Number	6,210,000
Title	METHOD AND DUAL FEEDER APPARATUS
Art Unit	
Examiner Name	
Attorney Record Number	NEW 000

I hereby revoke all previous powers of attorney given in the above identified application.

I hereby appoint:

☐ Practitioner associated with the Customer Number: []

☒ Practitioner named below:

Name	Registration Number
KENNETH R. SCHAEFER	20,408

as my agent (or agents) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above identified application to:

☐ The address associated with the above-identified Customer Number:

OR

☐ The address associated with Customer Number: []

☒ Fill in individual data:

Name	KENNETH R. SCHAEFER, ESQ.		
Address	28 DICKINSON ROAD		
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☐ Assignor of interest.

☐ Assignor of interest of the entire interest. See 37 CFR 1.71.
Statement under 37 CFR 1.70(c) is required. (Form PTO-0000)

SIGNATURE OF Applicant or Assignor (if named)

Signature	[Signature]	Date	11-24-04
Name	THEODORE ROY	Telephone	
Title and Company	ENGINEER		

NOTE: Signatures of all the inventors or assignors of interest of the entire interest (or their representatives) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 000 forms are submitted.

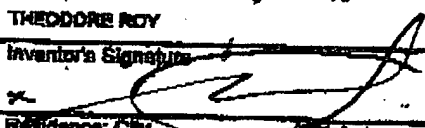
This collection of information is required by 37 CFR 1.51, 1.52 and 1.53. The information is required to obtain a patent which is to be issued by the USPTO to prevent an application. Confidentiality is governed by 37 U.S.C. 402 and 37 CFR 1.51 and 1.52. This collection is submitted to the USPTO. There will very certainly occur the following costs. Any documents on the ground of this may require to complete the application form to the USPTO. There will very certainly occur the following costs. Any U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1400, Alexandria, VA 22313-9400. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1400, Alexandria, VA 22313-9400.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number: 		OR <input checked="" type="checkbox"/> Correspondence address below	
Name KENNETH R. SCHAEFER, Esq.			
Address 25 DICKINSON ROAD			
City BASING RIDGE		State NJ	Zip 07020
Country USA	Telephone 908-507-8789	Fax 908-234-2971	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) THEODORE ROY		Family Name or Surname DIMITROFF	
Inventor's Signature 		Date 11-25-04	
Residence: City COLUMBIA	State MO	Country USA	Citizenship US
Mailing Address 7850 EAST HIGHWAY AB			
City COLUMBIA	State MO	Zip 65201	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental 0-202b PTO/SB-02A or OSR attached hereto.			

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